

Access of Trans Women and Transvestites to Health Services: An Integrative Review Based on Leininger's Theory of Transcultural Care

Acesso de Mulheres Trans e Travestis nos Serviços de Saúde: Revisão Integrativa Baseada na Teoria do Cuidado Transcultural de Leininger

Acceso de Mujeres Trans y Travestis a los Servicios de Salud: Una Revisión Integradora a Partir de la Teoría del Cuidado Transcultural de Leininger

RESUMO

Este estudo teve como objetivo analisar o acesso e as estratégias de cuidado utilizadas por mulheres trans e travestis nos serviços de saúde, à luz da Teoria do Cuidado Transcultural de Madeleine Leininger. Por meio de uma revisão integrativa de artigos publicados entre 2020 e 2025 nas bases SciELO, LILACS/BVS e PubMed, foram incluídos estudos que abordaram o cuidado em saúde sob a perspectiva transcultural. Identificaram-se barreiras como discriminação, patologização, ausência de protocolos, despreparo profissional e pouca visibilidade das demandas dessa população. Entre os facilitadores, destacaram-se o acolhimento sensível, a humanização, a atuação multiprofissional e práticas culturalmente congruentes. Constatou-se que políticas públicas e protocolos ainda são insuficientes para garantir atenção integral e equitativa. Conclui-se que a enfermagem tem papel essencial na promoção de um cuidado inclusivo e respeitoso, sendo fundamental investir em capacitação, políticas efetivas e práticas adaptadas às necessidades de mulheres trans e travestis.

DESCRIPTORIOS: Pessoas transgênero, travestis, cuidado transcultural, enfermagem.

ABSTRACT

This study aimed to analyze access to and care strategies used by trans and transvestite women in health services, based on Madeleine Leininger's Theory of Transcultural Care. Through an integrative review of articles published between 2020 and 2025 in the SciELO, LILACS/BVS, and PubMed databases, we included studies that addressed health care from a transcultural perspective. Barriers such as discrimination, pathologization, lack of protocols, lack of professional preparation, and limited visibility of the needs of this population were identified. Among the facilitators, sensitive reception, humanization, multidisciplinary work, and culturally congruent practices stood out. It was found that public policies and protocols are still insufficient to ensure comprehensive and equitable care. We conclude that nursing plays an essential role in promoting inclusive and respectful care, and it is essential to invest in training, effective policies, and practices adapted to the needs of trans and transvestite women.

DESCRIPTORS: Transgender people, transvestites, transcultural care, nursing.

RESUMEN

Este estudio tuvo como objetivo analizar el acceso y las estrategias de atención utilizadas por mujeres trans y travestis en los servicios de salud, con base en la Teoría del Cuidado Transcultural de Madeleine Leininger. A través de una revisión integradora de artículos publicados entre 2020 y 2025 en las bases de datos SciELO, LILACS/BVS y PubMed, se incluyeron estudios que abordaron la atención en salud desde una perspectiva transcultural. Se identificaron barreras como la discriminación, la patologización, la falta de protocolos, la falta de preparación profesional y la escasa visibilidad de las necesidades de esta población. Entre los facilitadores, se destacaron la acogida sensible, la humanización, el trabajo multidisciplinario y las prácticas culturalmente congruentes. Se constató que las políticas públicas y los protocolos aún son insuficientes para garantizar una atención integral y equitativa. Concluimos que la enfermería desempeña un papel esencial en la promoción de una atención inclusiva y respetuosa, y es fundamental invertir en formación, políticas efectivas y prácticas adaptadas a las necesidades de las mujeres trans y travestis.

DESCRIPTORIOS: Personas transgénero, travestis, atención transcultural, enfermeira.

Renan da Cunha Fernandes

Faculdade Internacional da Paraíba. Master's in Pathology, Federal University of Pernambuco (UFPE). Biomedical Scientist, Federal University of Pernambuco. Nursing Student, FPB
ORCID: <https://orcid.org/0009-0004-0521-1146>

Alane Renali Ramos de Freitas

Faculdade Internacional da Paraíba. Master's in Nursing, Federal University of Paraíba (UEPB), João Pessoa, PB.
ORCID: <https://orcid.org/0000-0001-6105-2486>

Aline de Oliveira

Faculdade Internacional da Paraíba. Specialist in Occupational Nursing, Faculdade Integrada de Patos, João Pessoa, PB.
ORCID: <https://orcid.org/0009-0005-3395-928X>

Alline Oliveira do Nascimento Veloso

Faculdade Internacional da Paraíba. Master's in Public Health, State University of Paraíba (UEPB), Campina Grande, PB.
ORCID: <https://orcid.org/0000-0002-0978-461X>

Fernando Santos do Nascimento

Faculdade Internacional da Paraíba. Master's in Psychology, Potiguar University, Natal, RN.
ORCID: <https://orcid.org/0000-0002-7826-153X>

Lourinaldo Gonçalo de Oliveira

Faculdade Internacional da Paraíba. Master's in Health Education, Faculdade Pernambucana de Saúde, Recife, PE.
ORCID: <https://orcid.org/0009-0007-8672-4657>

Thiana Lícia da Silva Azevedo

Faculdade Internacional da Paraíba. Master's in Public Health, Faculdade de Teologia e Ciências, São Paulo, SP.

ORCID: <https://orcid.org/0009-0004-0933-5269>

Received: 09/29/2025

Approved: 10/15/2025

INTRODUCTION

Recent studies have renewed the understanding of transsexuality from a depathologizing perspective. The ICD-11 now classifies gender incongruence as an identity variation, no longer as a mental disorder. The DSM-5, on the other hand, limits itself to describing the psychological distress associated with the incongruence between assigned sex and gender identity, i.e., gender dysphoria, without pathologizing transgender people. Thus, gender diversity is a natural part of human variation, and clinical diagnosis aims to ensure access to affirmative care, such as hormone therapy and surgery, without pathologizing transgender people⁽¹⁻²⁻³⁾.

The debate on gender has long been driven by solely biological considerations and discourse, which determines male and female as the only possible sexes. There is an understanding that this metric is flawed in the idea of affirmation, given the complexity of what it means to be human, based solely on anatomical genital characteristics. In this understanding, gender is a form of social organization of the sexes⁽⁴⁾.

There is no teaching method or curriculum that leads us to understand or build dialogue with transvestites and trans women, nor should there be. However, as a society, we are taught from an early age, directly or indirectly, to treat trans women and transvestites with violence, disrespect, and exclusion. We have been taught to keep them away from our homes, families, schools, and healthcare, even though these circles are places of rights, dignity, and social and humanistic de-

velopment. Their absence reflects an intolerant society⁽⁵⁾.

Access to healthcare can be understood in a multifaceted way, involving dimensions such as service provision, socioeconomic conditions, and user satisfaction, which vary according to context. This is no different with access to healthcare, which, according to the characteristics of a population, as well as the geographical and organizational availability of services, i.e., social characteristics such as income, healthcare, service user satisfaction, and the degree of interaction between users and healthcare professionals, directly interfere with access to healthcare, as well as the individual and social determinants of a population⁽⁶⁾.

The main factors that hinder access to health facilities for the trans and transvestite population include discrimination in health services and equipment/facilities for the trans and transvestite population, inadequate reception, pathologization of transsexuality, requirement of surgery to use a social name, lack of professional qualifications, absence of multidisciplinary care, and absence of identity recognition in public policies. In Brazil, there is a very specific "gendered" view of the process of constructing transvestite identity. Who is afraid of transvestites? We can admit that it is not so difficult to answer this question. These factors are the main barriers to access to care for this population. We need to seek acceptance free of prejudice and respect for multiple gender identities⁽⁷⁻⁸⁾.

The breaking down of these paradigms has been going on for many years and is a task structured by transvestites themselves. Whether or-

ganized or not in social movements, when we think of transvestite nurses, nursing technicians, doctors, inside or outside health facilities, we are responding that the crystallization of a bad image—of the marginalized transvestite—will not continue. This image, therefore, can represent a project of life – or death – depending on who is looking at it⁽⁹⁾.

Despite the advances promoted by public policies and protocols that aim to guarantee access to health care, barriers and constraints still persist that make it difficult for certain groups, such as the trans population, to receive care and keep them away from services⁸. In this context, it is essential that Nursing Protocols consider the integrality of these individuals, going beyond the transsexualization process and contemplating the biopsychosocial dimension. Madeleine Leininger's (1925–2012) Cultural Care Theory highlights the importance of cultural factors in care, which can facilitate or limit assistance, and is therefore an essential approach to promoting more sensitive, inclusive, and equitable care⁽¹⁰⁾.

The Transcultural Care Theory, developed by Madeleine Leininger, is based on the understanding that healthcare must consider people's beliefs, values, lifestyles, and socio-cultural contexts, as these factors can enhance or limit the effectiveness of the care provided. Leininger proposes that culturally congruent care is essential for humanized, inclusive, and equitable nursing practice, which is particularly relevant for the care of transgender women and transvestites. By recognizing that culture directly influences the perception of health, illness, and care, this theory provides support for nursing professionals to act sensitively, breaking with normative and exclusionary practices. Thus, Leininger's framework presents itself as a powerful theoretical lens for an-

alyzing barriers, strategies, and experiences in this population's access to health care^(11,12).

It is essential to reflect on how nursing practices have been structured to welcome transgender women and transvestites at various levels of health care. This study is an integrative review of the literature. The overall objective of this study is to gather, analyze, and synthesize scientific knowledge produced about trans women and transvestites' access to health services, from the perspective of Madeleine Leininger's Transcultural Care Theory. Specifically, it seeks to reflect on how nursing practices have been structured to welcome transgender women and transvestites at different levels of health care; identify the main challenges faced by this population in accessing health services; and analyze care strategies proposed or implemented by nursing, considering the transcultural perspective. The question that guided this review was: What are the challenges and care strategies used in health services to welcome trans women and transvestites, from the perspective of Leininger's Transcultural Care Theory?

METHODOLOGY

This is an integrative literature review, a methodology that enables the synthesis and critical analysis of previously published research, allowing for a broad and contextualized understanding of the phenomenon studied⁽¹³⁾. This approach was used to gather scientific evidence about the challenges and care strategies related to the access of transgender women and transvestites to health services, based on Madeleine Leininger's Transcultural Care Theory.

The search for articles was conducted in the SciELO, BVS (LILACS), and PubMed databases between June and July 2025, using standardized

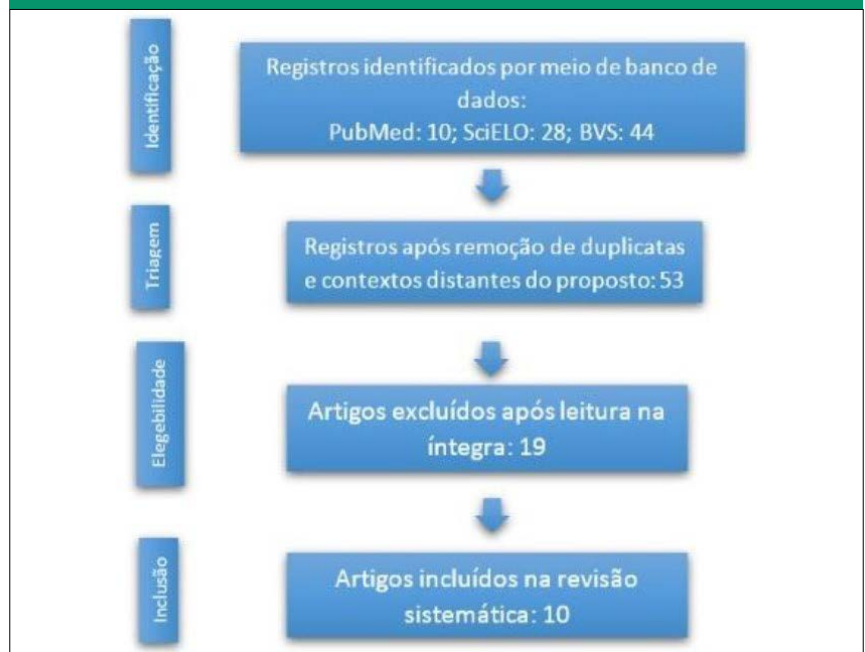
DeCS descriptors in Portuguese, English, and Spanish, combined with Boolean operators. The following descriptors were used:

"Transgender People" AND "Access to Health Services, Nursing" AND "Primary Health Care" AND "Transvestites", "Gender Identity" AND "Transcultural Care". Inclusion criteria: articles published between 2020 and 2025, in Portuguese, English, or Spanish, available free of charge in full text, addressing the health care of transgender women and/or transvestites, especially from the perspective of nursing or cross-cultural care. Exclusion criteria: theses, dissertations, editorials, conference abstracts, duplicate or review articles (narrative, integrative, or systematic), as well as those that did not present empirical data on the topic. The selection followed stages of screening by titles, abstracts, and full-text reading, ensuring traceability and transparency. The data were organized in a table containing author, year, objective, type of

study, main results, and contributions. The analysis was performed descriptively, categorizing challenges, barriers, and care strategies, in dialogue with the principles of Leininger's theory, resulting in a critical synthesis of gaps, advances, and recommendations for culturally congruent nursing practices.

In the structured search of the SciELO, LILACS/BVS, and PubMed databases, following the descriptors defined in the methodology, 82 records were identified. After removing 26 duplicates, 56 studies were screened for titles and abstracts. Of these, 56 were excluded for not meeting the eligibility criteria (theme, population, type of study), leaving 29 articles for full reading. After complete evaluation, 19 articles were excluded because they were reviews, opinions, essays, or had a population outside the scope. As a result, 10 primary empirical studies, published between 2020 and 2025, were selected for final analysis.

Figure 1 – Flowchart (adapted) of the study selection and inclusion process, 2025



Source: Own elaboration, 2025

RESULTS

Table 1 – Primary studies (2020–2025)

Database	Search term	Search date	Title	Year	Journal	Method	Authors
SciELO	Gender Identity AND Transcultural Care	Jan. 2025	Development of a nursing protocol to support the care of transgender people in primary health care in light of Leininger's Theory	2024	Contributions to Social Sciences	Methodological study	Cabral IBV; Ferreira CB; Almeida TG; Bezerra AS
LILACS/BVS	Transgender People AND Access to Health Services	Jan. 2025	Barriers and facilitating strategies in access to and reception of health care for transgender children and adolescents	2025	Brazilian Journal of Nursing	Observational	Silveira JCP; Souza DM; Cardoso CS; Oliveira MAF
SciELO	Transgender People AND Access to Health Services	Feb. 2025	Stress factors and resilience in access to and use of health services by transvestites and transgender women in northeastern Brazil	2024	Health in Debate	Qualitative research	Medeiros MA; Gomes SM; Spinelli Júnior VF
SciELO	Primary Health Care AND Transvestites	Apr. 2025	Restriction of public health policies: a challenge for transsexuals in primary care	2022	Anna Nery School	Qualitative research	Gomes DF; Teixeira ER; Sauthier M; Paes GO
PubMed	Primary Health Care AND Transvestites	Apr. 2025	Comprehending Health of the Transgender Population in India Through Bibliometric Analysis	2024	International Journal of Public Health	Qualitative research	Raj P; Dubey A
PubMed	Primary Health Care AND Transgender People	May 2025	Comparative study of trans* healthcare models in Catalonia	2024	Heliyon	Observational study	Presague-Peciña M; Giménez-Bonafé P
PubMed	Primary Health Care AND Transvestites	May 2025	Transvestites and humanized health care	2020	Journal of Gestalt Approach	Dialectical Hermeneutics	Moraes AND; Silva GSN
SciELO	Transgender People AND Access to Health Services	Aug. 2025	Exploring the complexities and challenges of access to health care for transgender people in Minas Gerais	2024	Epidemiology and Health Services	Qualitative study	Silva SAG; Miranda-Ribeiro P; Noronha KVM; Guedes GR
LILACS/BVS	Transgender People AND Access to Health Services	Aug. 2025	Experiences of transgender women in the health system: visibility towards equity	2023	Interface – Communication, Health, Education	Qualitative study	Jesus MKMR; Moré IAA; Querino RA; Oliveira VH
LILACS/BVS	Transgender People AND Access to Health Services	Aug. 2025	Health care for transgender people in primary care	2024	Clinical Medicine	Qualitative study	Bermúdez-Pozuelo L; Sordo LC; Belza MJ; Triviño RC

Source: Prepared by the authors, 2025

DISCUSSION

The results of this integrative review continue to show and highlight that access to and quality of health-care for transgender people and transvestites remain fraught with multiple challenges, ranging from structural and institutional barriers to issues related to discrimination and social invisibility, which culminate in a lack of healthcare.

Public policies aimed at the transgender and transvestite population in primary care still face obstacles that

highlight the absence of effective guidelines, and the fragmentation of health actions perpetuates the exclusion of this population⁽¹⁴⁾. This perspective is connected to other analyses, which, through bibliometric analysis, have revealed how scientific production on trans health is still incipient and concentrated in a few countries, reinforcing global inequalities in access⁽¹⁵⁾.

Drawing correlations, in Catalonia, it was observed that the adoption of differentiated, decentralized models, with greater investment in train-

ing professionals at various levels of trans health care, can expand access. The great challenge lies in their implementation, which is still scarce, even in developed countries⁽¹⁶⁾. This view is consistent with other findings⁽¹⁷⁾, which, through dialectical hermeneutics, emphasize the importance of humanized care for transvestites, advocating a health practice that goes beyond clinical treatment and promotes recognition of the other as a subject with rights, which mainly implies being present before the person as a human being, but also adequate

training so that health professionals can provide humanized care to the trans population.

At the national level⁽¹⁸⁾, we observed the complexities of access in Minas Gerais and noted that, even after more than a decade of implementing the transsexualization process in the SUS, significant gaps remain in terms of service availability and professional training. This reality converges with other findings⁽¹⁹⁾, which highlight the experiences of transgender women in health services and the struggle for equity, emphasizing that the visibility of these trajectories is fundamental to transforming exclusionary care practices, seeking greater proximity between healthcare professionals and patients, thus removing the badge of the lab coat and bringing about better conditions, not only in terms of access, but also in terms of health for this population, which is underserved by many.

From a European perspective, they reinforce the need for comprehensive primary care, anchored in the principles of non-pathologization, autonomy, and non-discrimination, which is in line with the most recent legislation in several countries aimed at guaranteeing the rights of transgender and transvestite people.

The relevance of developing nursing protocols based on Leininger's Transcultural Care Theory, pointing out that the systematization of care sensitive to cultural and identity differences is essential for the implementation of inclusive health practices. This approach dialogues with the need to overcome a restricted biomedical view, recognizing that comprehensive care requires an understanding of the social and cultural aspects that shape the experiences of this population, as well as strengthening the role of nursing as a strategic agent in decision-making and in the implementation of practices appropri-

ate to diverse populations⁽²¹⁾.

In the same vein, barriers and welcoming strategies aimed at transgender children and adolescents are identified, emphasizing that early and qualified access can minimize psychosocial damage and promote resilience⁽²²⁾. This finding converges with other studies that analyze stress and resilience factors in access to health services by transvestites and transgender women, indicating that daily confrontation with discrimination imposes emotional distress and compromises adherence to care, although social support networks function as a protective factor⁽²³⁾.

In this sense, the work *Pedagogia das Travestilidades (Pedagogy of Transvestism)*, by Maria Clara Araújo⁽²⁴⁾, contributes to broadening the understanding of the experiences and knowledge produced by transvestites, emphasizing the importance of recognizing their experiences as their own legitimate epistemologies. Bringing a pedagogical and critical perspective, the author points out that health services, as well as educational institutions, need to incorporate practices that not only tolerate but welcome gender differences as cultural expressions. This view dialogues directly with Leininger's Transcultural Theory, in that it values care anchored in respect for cultural and identity specificities, strengthening strategies that break with exclusionary biomedical models and promote equity.

By integrating these findings, it can be observed that the challenges identified, such as prejudice, hostility, ignorance, and lack of protocols, can and should be addressed using strategies aligned with Leininger's transcultural model, which emphasizes culturally congruent care. This implies not only adapting clinical practices to the reality of transgender and transvestite people, but also investing in ongoing training, developing care

technologies, and formulating policies that ensure equity in access.

CONCLUSION

This study showed that trans women and transvestites continue to face significant barriers in accessing health services, permeated by discriminatory practices, professional unpreparedness, and the maintenance of a cisnormative logic that limits comprehensive care. These difficulties compromise not only the physical health but also the mental, social, and emotional health of this population, reinforcing historical processes of exclusion.

The integrative review also demonstrated that health education plays a central role in transforming this scenario, making it urgent to incorporate content and pedagogical practices that address gender diversity. Madeleine Leininger's Transcultural Care Theory proved to be an essential reference for nursing practice, valuing cultural diversity as a guiding principle of care. When articulated with the recognition of transvestism as its own epistemology (Araújo, 2021), it becomes possible to construct health practices that are more inclusive, humane, and sensitive to the singularities of transgender people.

Thus, there is a need for investment in public policies, academic training, and intersectoral strategies that promote equity, acceptance, and respect for gender identities. Nursing must take a leading role in deconstructing exclusionary paradigms and promoting emancipatory care based on dialogue, listening, and recognition of diversity.

References

1. Doyle L, Fischer HF, McBride JA. A review of the literature supporting the DSM-5 diagnosis of gender dysphoria. *Cureus*. 2018;10(3):e2190. doi: 10.7759/cureus.2190.
2. Smith ES, Jones BC, Robinson C. Gender dysphoria: etiology, diagnosis, and treatment in light of recent research. *Front Psychol*. 2018;9:1136. doi: 10.3389/fpsyg.2018.01136.
3. Zucker KJ, Lawson GM. Epidemiology of gender dysphoria and transsexualism: historical and contemporary perspectives. *Int Rev Psychiatry*. 2018;30(3):1–16. doi: 10.1080/09540261.2018.1480353.
4. Nicholson L. Interpretando o gênero. *Estudos Feministas*. 2000;8(2):9–42.
5. Xavier TP, Vianna C. A educação de pessoas trans: relatos de exclusão, abjeção e luta. *Educação & Realidade*. 2023;48:e124022. doi: 10.1590/2175-6236124022vs01.
6. Sánchez RM, Ciconelli RM. Conceitos de acesso à saúde. *Rev Panam Salud Publica*. 2012;31(3):260–8.
7. Rocon P. Acesso à saúde pela população trans no Brasil: nas entrelinhas da revisão integrativa. *Trab Educ Saúde*. 2020;18(1):e0023469.
8. Depret D. Acesso de travestis e mulheres transexuais a serviços de atenção primária à saúde: revisão integrativa de literatura. *Res Soc Dev*. 2020;9(10):e2149108595. doi: 10.33448/rsdv9i10.8595.
9. Carrijo GG, Simpson K, Rasera EF, Prado MAM, Teixeira FB. Movimentos emaranhados: travestis, movimentos sociais e práticas acadêmicas. *Rev Estud Feministas*. 2019;27(2). doi: 10.1590/1806-9584-2019v27n254503.
10. Leininger M. *Culture Care Diversity and Universality: A Worldwide Nursing Theory. 2nd ed. Sudbury, MA: Jones & Bartlett Learning; 2006.
11. Leininger M, McFarland MR. *Transcultural Nursing: Concepts, Theories, Research, and Practice*. 4th ed. New York: McGraw-Hill; 2006.
12. McFarland MR, Wehbe-Alameddine H. Leininger's Theory of Culture Care Diversity and Universality: An Overview. In: Smith MC, Parker JB, editors. *Nursing Theories and Nursing Practice*. 5th ed. Philadelphia: F. A. Davis; 2022. p. 97–112.
13. Whittemore R, Knaf K. The integrative review: updated methodology. *J Adv Nurs*. 2005;52(5):546–53. doi: 10.1111/j.1365-2648.2005.03621.x.
14. Gomes DF. Restrição de políticas públicas de saúde: um desafio dos transexuais na atenção básica. *Rev Bras Saúde Coletiva*. 2022;12(4):455–67.
15. Raj P, Dubey A. Comprehending health of the transgender population in India through bibliometric analysis. *Int J Public Health*. 2024 Apr 11;69:1606598. doi: 10.3389/ijph.2024.1606598.
16. Presague-Peciña M, Giménez Bonafé P. Comparative study of trans\ healthcare models in Catalonia. *Heliyon*. 2024 Sep 30;10(18):e36174. doi: 10.1016/j.heliyon.2024.e36174.
17. Moraes AND. Travestis e o cuidado humanizado em saúde. *Rev Enferm Saúde Coletiva*. 2020;5(2):55–66.
18. Silva L, et al. Explorando as complexidades e os desafios do acesso à saúde para pessoas trans em Minas Gerais: um estudo qualitativo após uma década da implementação do processo transexualizador no Sistema Único de Saúde. *Rev Mineira Saúde Pública*. 2024;28(1):45–59.
19. Jesus MKMR. Experiências de mulheres transexuais no sistema de saúde: visibilidade em direção à equidade. *Saúde Debate*. 2023;47(137):102–15.
20. Bermúdez-Pozuelo L. Assistência sanitária a pessoas trans em atenção primária. *Rev Esp Atenc Primaria*. 2024;26(3):215–22.
21. Cabral IBV, et al. Elaboração de protocolo de enfermagem para apoio ao atendimento de pessoas trans no âmbito da APS à luz da Teoria de Leininger. *Contrib Ciencias Soc*. 2024;17:8356–74. doi: 10.55905/revcon-17n1-504.
22. Silveira JCP. Barreiras e estratégias facilitadoras no acesso e acolhimento em saúde de crianças e adolescentes transexuais. *Rev Bras Saúde Matern Infant*. 2025;25(2):199–210.
23. Medeiros MA, Gomes SM, Spinelli Junior VF. Fatores de estresse e resiliência no acesso e utilização de serviços de saúde por travestis e mulheres transexuais no nordeste brasileiro. *Saúde Soc*. 2024;33(1):e224908. doi: 10.1590/S0104-1290202422408.
24. Araújo MC. *Pedagogia das travestilidades*. São Paulo: Hucitec; 2021.